

04/03/00

Jc685 U.S. PTO

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Please type a plus sign (+) inside this box → ☒Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.	MST-1980.2
First Inventor or Application Identifier	R. Adolfsen
Title	Method & Apparatus for Controlling...
Express Mail Label No.	

Jc596 U.S. PTO  
09/541645  
04/03/00**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages 40]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the invention
  - Brief Summary of the invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 12]
4. Oath or Declaration [Total Pages 6]
  - a. ☐ Newly executed (original or copy)
  - b. ☒ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)
    - i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

**NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).****ADDRESS TO:** Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a. ☐ Computer Readable Copy
  - b. ☐ Paper Copy (identical to computer copy)
  - c. ☐ Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement of Power of Attorney  
(when there is an assignee)
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 [Copies of IDS Citations]
11. ☒ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13. ☐ \* Small Entity Statement(s) [Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)]
14. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
15. ☐ Other: .....

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No: 09 / 111,162

Prior application information: Examiner L. Le Group / Art Unit: 1743

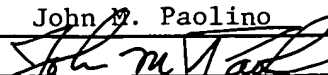
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name	John M. Paolino				
	Bayer Corporation				
	511 Benedict Avenue				
Address					
City	Tarrytown	State	NY	Zip Code	10591
Country	USA	Telephone	914/524-2552	Fax	914/524-3594

Name (Print/Type)	John M. Paolino	Registration No. (Attorney/Agent)	40,340
Signature		Date	03/31/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

# FEE TRANSMITTAL

## for FY 2000

Patent fees are subject to annual revision.  
Small Entity payments **must** be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$) 690

### Complete if Known

Application Number	T/B/A
Filing Date	T/B/A
First Named Inventor	R. Adolfsen
Examiner Name	L. Le
Group / Art Unit	1743
Attorney Docket No.	MST-1980.2

### METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 13-3370

Deposit Account Name Bayer Corporation

☒ Charge Any Additional Fee Required  
Under 37 CFR §§ 1.16 and 1.17

2. ☐ Payment Enclosed:  
☐ Check ☐ Money Order ☐ Other

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	201	345	690	Utility filing fee	690
106	206	155	310	Design filing fee	
107	207	240	480	Plant filing fee	
108	208	345	690	Reissue filing fee	
114	214	75	150	Provisional filing fee	

SUBTOTAL (1) (\$) 690

#### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
6	20** = 0	0	0
2	3** = 0	0	0
Multiple Dependent			

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
103	203	9	18	Claims in excess of 20
102	202	39	78	Independent claims in excess of 3
104	204	130	260	Multiple dependent claim, if not paid
109	209	39	78	** Reissue independent claims over original patent
110	210	9	18	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0

### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	205	65	130	Surcharge - late filing fee or oath	
127	227	25	50	Surcharge - late provisional filing fee or cover sheet	
139	239	130	130	Non-English specification	
147	247	2,520	2,520	For filing a request for reexamination	
112	212	920*	920*	Requesting publication of SIR prior to Examiner action	
113	213	1,840*	1,840*	Requesting publication of SIR after Examiner action	
115	215	55	110	Extension for reply within first month	
116	216	190	380	Extension for reply within second month	
117	217	435	870	Extension for reply within third month	
118	218	680	1,360	Extension for reply within fourth month	
128	228	925	1,850	Extension for reply within fifth month	
119	219	150	300	Notice of Appeal	
120	220	150	300	Filing a brief in support of an appeal	
121	221	130	260	Request for oral hearing	
138	238	1,510	1,510	Petition to institute a public use proceeding	
140	240	55	110	Petition to revive - unavoidable	
141	241	605	1,210	Petition to revive - unintentional	
142	242	605	1,210	Utility issue fee (or reissue)	
143	243	215	430	Design issue fee	
144	244	290	580	Plant issue fee	
122	222	130	130	Petitions to the Commissioner	
123	223	50	50	Petitions related to provisional applications	
126	226	240	240	Submission of Information Disclosure Stmt	
581	281	40	40	Recording each patent assignment per property (times number of properties)	
146	246	345	690	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	249	345	690	For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0

### SUBMITTED BY

Name (Print Type) John M. Paolino  
Signature *John M. Paolino*

Registration No. 40,340  
(Attorney/Agent)

### Complete (if applicable)

Telephone 914/524-2552  
Date 03/31/00

### WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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